



Benefit Finding Moderates the Links Between HIV-Related Stigma and Psychological Well-Being

Michael Chatterton, M.A.¹, Erin M. Fekete, Ph.D.¹, Matthew D. Skinta, Ph.D.³, Stacey L. Williams, Ph.D.², Nicole M. Taylor, Ph.D.¹, Megan M. White, M.A.¹, Brittney M. Woods, B.A.¹

¹University of Indianapolis, ²East Tennessee State University, ³Private Practice, San Francisco, CA

First Author Contact Information: chattertonm@uindy.edu

Principal Investigator Contact Information: feketee@uindy.edu



ABSTRACT

We hypothesized that benefit finding would moderate the relationship between HIV-related stigma and psychological well-being in people living with HIV (PLWH). 106 PLWH completed an online survey that included measures of demographics, HIV-related stigma, benefit finding, and psychological well-being (depression, anxiety, anger). Results suggest that higher levels of benefit finding offset the negative effects of HIV-related stigma on anger. However, for individuals who fail to find benefits in their illness diagnosis, experiencing stigma may be associated with increased levels of anger.

INTRODUCTION

- Despite advances in knowledge and treatment, HIV remains a highly stigmatized illness.
 - As many as 30% of Americans report negative or stigmatizing attitudes towards individuals living with HIV.
- HIV-related stigma has a negative impact on physical and psychological well-being.
 - Higher levels of stress and distress (i.e. depression, anxiety, and anger).
 - Poorer medication adherence.
 - Faster disease progression, higher rates of mortality.
- Individuals who are able to find benefits in the aftermath of traumatic events, such as the diagnosis of a chronic illness, may experience less illness related distress.
 - It is possible that finding more meaning in an HIV diagnosis may offset some of the negative effects of HIV-related stigma on well-being.

HYPOTHESIS

- Benefit finding will function as a moderator of the relationship between HIV-related stigma and psychological well-being.
 - High levels of benefit finding will offset the negative effects of HIV-related stigma on psychological well-being.
 - Low levels of benefit finding will have no impact on the relationship between HIV-related stigma and poorer psychological well-being.

PARTICIPANTS (N= 106)

Age	Mean= 42.6
Gender	Male= 66%, Female= 44%
Ethnicity	Black= 48.2% , White= 38.5%, Hispanic= 13.2%, Biracial= 2.8%
Education	Did Not Graduate High School = 5.7%, High School Graduate = 74.5%, College Graduate = 19.8%
Annual Income	\$10,000-14,999
Time Since HIV Diagnosis	11.2 Years

PROCEDURES & MEASURES

- Participants completed online self-report measures including:
 - The HIV-Stigma Scale
 - Benefit Finding Scale
 - Positive and Negative Affect Schedule (PANAS)
 - Center for Epidemiological Studies - Depression Scale (CES-D)
 - Novaco Anger Inventory - Short Form (NAI-SF)
 - State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA)

ANALYSIS PLAN

- Hierarchical Linear Regression and Moderated Regression Analyses
 - Block 1: Covariates
 - Block 2: Centered Predictor Variable (HIV-related stigma)
 - Block 3: Centered Moderator (Benefit Finding)
 - Block 4: Interaction Term (Stigma x Benefit Finding)
- Significant interactions were decomposed using simple slopes analysis.
- Covariates
 - Any sociodemographic, health, or social characteristics associated with the outcome variable.

MEASURES

Measure	Mean	SD	Actual Range	Potential Range	α
Overall Stigma	97.53	25.4	43-153	41-164	.96
Perceived Stigma	48.93	14.2	20-80	20-80	.95
Enacted Stigma	41.34	13.2	18-72	18-72	.95
Internalized Stigma	29.02	8.2	13-48	12-48	.88
Anticipated Stigma	27.53	7.2	13-40	12-48	.89
Benefit Finding	55.79	17.3	20-80	20-80	.97
Depression	21.45	13.6	0-54	0-60	.92
Anger	44.49	23.7	0-100	0-100	.97
Anxiety	38.92	15.1	21-84	21-84	.95

RESULTS

- Significant interaction effects emerged between benefit finding and HIV-related stigma in explaining anger, but not other indicators of psychological well-being.

Anger	β	SE	ΔR^2
Overall Stigma x Benefit Finding	-0.23	0.09	.05**
Perceived Stigma x Benefit Finding	-0.25	0.09	.06**
Enacted Stigma x Benefit Finding	-0.25	0.09	.06**
Internalized Stigma x Benefit Finding	-0.19	0.09	.03*
Anticipated Stigma x Benefit Finding	-0.22	0.09	.05**

Covariates include: annual household income, current living arrangement, HIV related symptoms ($\Delta R^2 = .15^{***}$)
*p < .05; **p < .01; ***p < .001

DECOMPOSITION OF INTERACTION EFFECTS



DISCUSSION

- Benefit finding appears to moderate the relationship between HIV-related stigma and anger.
 - Benefit finding may buffer the negative effects of stigma on anger.
 - For individuals who fail to find benefits in their illness diagnosis, experiencing stigma may be associated with increased levels of anger.
- Psychosocial interventions may aim to help individuals with HIV find meaning and benefits in their illness diagnosis.
 - Finding more benefits in one's HIV diagnosis may help to reduce or regulate anger felt as a result of stigmatizing experiences.
- Individuals with HIV who experience less psychological distress may be more adherent to medication recommendations and experience better illness outcomes.